

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-720583 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		3		/		
7		/		/		
8		2		/		
9		1		/		
10		1		/		
11		1		/		
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48		1		/		
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50		1		/		
TOTAL IND.	1		1			
TOTAL DEP.	45	37				
TOTAL CLMS	46	38				

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